2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056224

Entity Name: ALL ASPECT RENOVATIONS, INC.

FILED Jan 08, 2007 Secretary of State

4750 SADDLE CREEK RUN
NEW SMYRNA BEACH, FL 32168
4570 SADDLE CREEK RUN
NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

P.O. BOX 291001 4570 SADDLE CREEK RUN PORT ORANGE, FL 32129 NEW SMYRNA BEACH, FL 32168

FEI Number: 75-3156926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.

92 SADBERRY ROAD

QUINCY, FL 32351 US

BLAIR, ED

4570 SADDLE CREEK RUN

NEW SMYRNA BEACH, FL 32168 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ED BLAIR 01/08/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 ROUSSEY, TODD
 Name:
 ROUSSEY, TODD

 Address:
 P.O. BOX 291001
 Address:
 282 POWER LINE ROAD

City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DVP () Delete Title: () Change () Addition Name: BLAIR, EDGAR Name:

Address: 4750 SADDLE CREEK RUN Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip:

Title: () Delete Title: SEC () Change (X) Addition

Name: Name: BLAIR, SANDRA

Address: Address: 4750 SADDLE CREEK RUN
City-St-Zip: City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD ROUSSEY P 01/08/2007